PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/757,761
Filing Date	01/09/2001
First Named Inventor	Peter Theis
Art Unit	2643
Examiner Name	Tuan Pham
Attorney Docket Number	ITT-006.C2

To: Commissioner fo P.O. Box 1450 Alexandria, VA 22									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the attorneys/agents of record.									
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
the attorneys/agents associated with Customer Number									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are: The withdrawal is requested by assignee.									
CORRESPONDENCE ADDRESS									
1. The corresponde	ence address is NOT affected by this	withdra	wal.						
2. Change the correspondence address and direct all future correspondence to:									
Customer Number:									
OR									
Firm or Individual Name	Peter F. Theis								
Address	1914 E. Grand Ave., Suite 1								
Address									
City	Lindenhurst	State	IL			Zip	60046		
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Name Samuel A	A. Kassatly								
Signature	nant	Registration N	o. 32,247						
Date 01/19/20	Pate 01/19/2005			. 4	408-323-5111				
NOTE: Withdrawal is effective w	then approved rather than when received. Unle	ess there a	are at least 30 days	between a	approval c	of withdr	rawal and the expiration		

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